ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	7,534	09-12-00
O.I.P.E. CLASSIFIER		73	9/15/00
FORMALITY REVIEW	HA	853	10-12-00
RESPONSE FORMALITY REVIEW	MD	XC90	04/16/01

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date							
Final	Original	2/2/02	8/4/02	8/03					
	1	✔							
	2	N							
	3	N							
	4	N							
	5	N							
	6	N							
	7	✔	✔	✔					
8	✔	✔							
9	✔	✔							
		✔	✔						
		✔	✔						
		✔	✔	✔					
13	✔	=	✔	=					
14	✔	=	✔	=					
15	✔	=	✔	=					
16	✔	=	✔	✔					
17	✔	=	✔	✔					
18	✔	=	✔	✔					
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		✔	=	✔					
		✔	=	✔					
22	N								
23	N								
24	N								
25	N								
26	N								
		N							
28	✔	✔	O						
		✔	✔						
		✔	✔						
		✔	✔						
32	=	✔	=						
33	=	✔	O						
34	=	✔	O						
35	=	✔	O						
		=	✔						
		=	✔						
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Claim		Date							
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Claim		Date							
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If more than 150 claims or 10 actions
staple additional sheet her

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